

FEE TRANSMITTAL

Electronic Version v08

Stylesheet Version v08.0

**Title of
Invention**

METHODS FOR TREATING NEOPLASTIC, ANGIOGENIC, FIBROBLASTIC, AND/OR IMMUNOSUPPRESSIVE OCULAR IRREGULARITIES VIA ADMINISTRATION OF METHOTREXATE BASED MEDICAMENTS, AND OCULAR IONTOPHORETIC DEVICES FOR DELIVERING METHOTREXATE BASED MEDICAMENT

Application Number :

Date :

First Named Applicant: Steven Warren

Attorney Docket Number: IOM-P040

TOTAL FEE AUTHORIZED \$ 613

Patent fees are subject to annual revisions on or about October 1st of each year.

Filing as small entity

BASIC FILING FEE

Fee Description	Fee Code	Amount \$	Fee Paid \$
Utility Filing Fee	2001	385	385
Subtotal For Basic Filing Fees: \$ 385			

EXTRA CLAIM FEES

Fee Description	Extra Claim	Fee Code	Amount \$	Fee Paid \$
Total Claims : 31	11	2202	9	99
Independent Claims : 6	3	2201	43	129
Subtotal For Extra Claims Fees: \$ 228				

AUTHORIZED BILLING INFORMATION

The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Credit account number: 1043
Expiration Date (YYYYMMDD): 2005-02-28
Authorized name: Jennie Miller
Billing address: 60607